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AUG 27 2007

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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20210 7590 06/06/2007

DAVIS & BUJOLD, P.L.L.C.  
 112 PLEASANT STREET  
 CONCORD, NH 03301

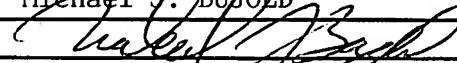
08/28/2007 FMETEK12 00000019 10552297

01 FC:1501 1400.00 OP  
 02 FC:1504 300.00 OP

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Michael J. BUJOLD		(Depositor's name)
		(Signature)
August 24, 2007		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/552,297	10/03/2005	Gerhard Gumpeltsberger	ZAHFRI P779US	2072

TITLE OF INVENTION: TRANSMISSION, IN PARTICULAR AN AUTOMATED POWER-BRANCHED MULTI-SPEED GEARING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	09/06/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
WRIGHT, DIRK	3681	475-207000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 DAVIS BUJOLD & DANIELS, P.L.L.C.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ZF Friedrichshafen AG

D-88038 Friedrichshafen GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-0213 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_

Date 24 August 2007

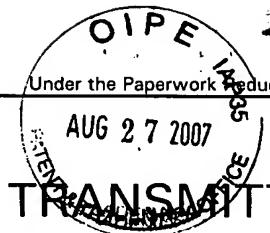
Typed or printed name \_\_\_\_\_

Registration No. 32,018

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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AUG 27 2007

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	<b>10/552,297</b>
	Filing Date	with an effective filing date of March 27, 2004
	First Named Inventor	<b>Gerhard GUMPOLTSBERGER</b>
	Group Art Unit	<b>3681</b>
	Examiner Name	<b>Dirk WRIGHT</b>
Total No. of Pages in this Submission:	Attorney Docket Number	<b>ZAHFRI P779US</b>

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form . . . . . [1] <input checked="" type="checkbox"/> Fee attached + Check \$1,700	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard "Fee Address" Indication Form . . [1]
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		
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<input type="checkbox"/> Express Abandonment Request		
<input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**REMARKS****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Michael J. BUJOLD DAVIS BUJOLD & DANIELS/P.L.L.C.	Reg. No. 32,018 <b>CUSTOMER NO. 020210</b>
Signature		
Date	August 24, 2007	

**CERTIFICATE OF MAILING**

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Type or printed name.	Michael J. BUJOLD
	Date: August 24, 2007 (lfb)